IN THE CIRCUIT COURT, SIXTH JUDICIAL CIRCUIT, FLORIDA PROBATE DIVISION

IN RE: The Matter of

File No. 01-

-IN-3

EXAMINING COMMITTEE REPORT FOLLOWING PETITION ALLEGING INCAPACITY

NAME AGE DATE OF BIRTH										
RESIDENCE										
CURRENT LOCATION OF ALLEGED PRIMARY LANGUAGE OF ALLEGED PHYSICIANS REPORT Date, time of day and place interview conducted										
									Parties present during interview If anyone other than AIP answers questions, identify party, question and answer:	
									If anyone other than Air answers questions, identify party, question and answer.	-
									Length of time spent with alleged	_
Personal history of alleged:										
Length of time in Pinellas County										
Relatives residing in area										
Relatives out of area										
A. THE RESULTS OF THE COMPREHENSIVE EXAM ARE AS FOLLOWS:										
1. <u>Physical examination</u> a. Diagnosis:										
a. Diagnosis.										
b. Prognosis:										
c. Current treatment, including medications:										
d. Recommended treatment:	_									
e. If physical examination is not completed please explain:	_									
2. Mental health examination .										
a. Diagnosis:										
ui 2 iugii	_									
b. Prognosis:	_									
c. Current treatment, including medication:	_									
d. Recommended treatment:										
Are there treatable sources of the diagnosis?										
Is the condition reversible?										
Is the condition stabilized?										
	_									
e. If mental health examination is not completed please explain	-									
3. Functional assessment										
a. Findings:										
Physical appearance of the ward:										

Living s	situation of the alleged incapacitated person:
	Alleged lives in home/apt independently
If allege	cd is living in own home: Condition of residence Are phone, heat and air conditioning in working order? Is there adequate and appropriate food in the refrigerator? YES NO Are the kitchen appliances in working order? Does the alleged receive in home service i.e.: meals on wheels, home health aids? YES NO If so what Does the alleged have supportive devices i.e. glasses, hearing aides, walker, wheelchair? YES NO If so what
	Are the basic health and safety needs of the alleged being met in the home? YES NO explain
	Is the current placement appropriate? YES NO explain
	Is the level of assistance currently being provided sufficient? YES NO explain
	Other concerns and recommendations: ALF/ Nursing home placement is appropriate?
	eged is capable of performing which of the following activities of daily living (ADL's) and dent activities of daily living (IADL's) without assistance? Bathing Dressing Toileting Feeding self Shopping alone for groceries and clothing Preparing own meals Using the telephone Maintain the residence including housework, laundry and cleaning Maintain personal hygiene Pay bills and maintain checkbook Handle cash Travel alone on public transportation Initiate doctor appointments and follow through with visits
	Medication management Can fill prescriptions as needed Knows names of medications and purpose Can accurately self medicate? Responds appropriately to emergency situations i.e. can dial 911 Is aware of and responds appropriately to personal and in home safety issues If assistance is necessary to perform the above activities is the appropriate level of assistance being provided?

Recom	YES NO explain
(= 3= 1)	
Cognit	ive assessment Tests performed Folstein Mini Mental Health Status Exam Other
	Memory Short term Remote Orientation to time, place person
	Orientation to time, place person
片	Confusion Insight and judgment
Ħ	Likelihood of being exploited
	Are there physical impairments, which might contribute to cognitive deficits? YES
	☐ Impaired hearing ☐ Impaired vision
	Impaired ability to communicate
	☐ Bedridden
	NO Pacinian making shilits
لحا	Decision making ability Simple
	Complex
	Communication skills
	Verbal
	Written
	Comprehension
Ö	Knowledge of financial affairs
	Name and location of bank(s)
	Nature and amount of assets
	Source and amount of income
b. Rec	commendations to improve the functional capacity of the alleged
as there co	onsultation with the family physician as required by F.S. 744.331 (3)(a)?
H	YES NO
If no p	please explain
	clinical history and treatment records used?
딡	YES
L_ If ves	NO please identify
	psychological/social records or reports used? YES
Ħ	NO
If yes,	please identify
ther partie	es interviewed and their relationship to the alleged

	nation of the individual's ability to exercise each of the following civil rights: RRY
	a. Should right be removed?
	c. The factual basis for determining that this person lacks the capacity to exercise the right list above is
2. <u>VO</u> T	TE a. Should right be removed? Describe the nature and extent of incapacity Describe the nature and extent of incapacity
	c. The factual basis for determining that this person lacks the capacity to exercise the right lis above is
3. <u>HAV</u>	A DRIVER'S LICENSE a. Should the right be removed? YES NO b. Describe the nature and extent of incapacity
	c. The factual basis for determining that this person lacks the capacity to exercise the right list above is
4. <u>PER</u>	ASONALLY APPLY FOR GOVERNMENT BENEFITS a. Should the right be removed? YES NO b. Describe the nature and extent of incapacity
	c. The factual basis for determining that this individual lacks the capacity to exercise the right listed above is
5 TO	TRAVEL
3. <u>10</u>	a. Should the right be removed? YES NO b. Should the right be limited? Yes If yes, how should it be limited?
	Travel limited to within Pinellas County Travel permitted only with supervision of guardian
	Other
	c. Describe the nature and extent of incapacity
	c. Describe the nature and extent of incapacity
	c. Describe the nature and extent of incapacity d. The factual basis for determining that this individual lacks the capacity to exercise the right
6. <u>TO</u> :	c. Describe the nature and extent of incapacity d. The factual basis for determining that this individual lacks the capacity to exercise the right

7. <u>TO (</u>	a. Should the right be removed? YES NO b. Describe the nature and extent of incapacity
	c. The factual basis for determining that this individual lacks the capacity to exercise the right listed above is
3. <u>TO S</u>	a. Should right be removed? YES NO b. Describe the nature and extent of incapacity
	c. The factual basis for determining that this individual lacks the capacity to exercise the right listed above is_
). <u>TO I</u>	ANAGE PROPERTY OR TO MAKE ANY GIFT OR DISPOSITION OF PROPERTY a. Should right be removed? YES NO b. Describe the nature and extent of incapacity
	c. The factual basis for determining that this individual lacks the capacity to exercise the above right is
0. <u>TO</u>	DETERMINE RESIDENCE a. Should right be removed? YES NO
	b. Describe the nature and extent of incapacity
	c. The factual basis for determining that this individual lacks the capacity to exercise the above right is
11. <u>TO</u>	CONSENT TO MEDICAL TREATMENT a. Should right be removed? YES NO b. Describe the nature and extent of incapacity
	c. The factual basis for determining that this individual lacks the capacity to exercise the above right is
12. <u>TO</u> LIFE	c. The factual basis for determining that this individual lacks the capacity to exercise the above
	c. The factual basis for determining that this individual lacks the capacity to exercise the above right is

D be re-e	Based on the nature valuated by the Court					mmended that the individua
Π		on my exami	nation of	f this individua	l and my rev	view of the records that this
	ual is incapacitated. The scope of the guarantees	ardianship is		Plenary		Limited
□ individ	It is my belief based ual is not incapacitate					view of the records that this papter 744.
Please	attach as addenda nari	rative reports b	y Comn	nittee member	as appropria	te.
	of perjury I declare th review of all pertine			e above individ	ual and have	e based my findings on tha
this	day of					
(Signat	ure) ne and address)					
print na	no una address)					

IN THE CIRCUIT COURT, SIXTH JUDICIAL CIRCUIT, FLORIDA PROBATE DIVISION

IN RE: The Matter of: File No.01- -IN3

EXAMINING COMMITTEE REPORT FOLLOWING PETITION ALLEGING INCAPACITY

EXAMINING COMMITTEE REPORT POLLOWING FEITHON ALLEGING INCAFACITY
NAME AGE DATE OF BIRTH RESIDENCE CURRENT LOCATION OF ALLEGED PRIMARY LANGUAGE OF ALLEGED
Other Members of Committee: Psychologist Gerontologist Registered nurse Nurse practitioner Licensed social worker Other Date, time of day and place interview conducted Parties present during interview If anyone other than AIP answers questions, identify party, question and answer:
Length of time spent with alleged
b. Prognosis:
c. Current treatment, including medication: d. Recommended treatment: Are there treatable sources of the diagnosis? Is the condition reversible? Is the condition stabilized? YES NO Is the condition stabilized?
e. If mental health examination is not completed please explain
a. Findings: Physical appearance of the ward:
Living situation of the alleged incapacitated person: Alleged lives in home/apt independently assisted living facility nursing home home/apt with live in assistance other If alleged is living in own home:

	Condition of residence
	Are phone, heat and air conditioning in working order?
	Is there adequate and appropriate food in the refrigerator?
Ļ	Are the kitchen appliances in working order?
	Does the alleged receive in home service i.e.: meals on wheels, home health aids?
	☐ YES ☐ NO If so what
	Does the alleged have supportive devices i.e. glasses, hearing aides, walker, wheelchair?
	YES NO
	If so what
	Are the basic health and safety needs of the alleged being met in the home?
	☐ YES ☐ NO explain
100	
	Is the current placement appropriate?
	YES NO explain
-	Y 4 1 1 0 14 4 4 11 1 4 1 1 1 1 1 1 1 1 1
	Is the level of assistance currently being provided sufficient?
	YES NO explain
	Other concerns and recommendations:
H	ALF/ Nursing home placement is appropriate?
	YES NO explain
	eged is capable of performing which of the following activities of daily living (ADL's) and
indepen	dent activities of daily living (IADL's) without assistance?
	Bathing
\sqcup	Dressing
	Toileting
	Feeding self
	Shopping alone for groceries and clothing
\sqcup	Preparing own meals
Ц	Using the telephone
\vdash	Maintain the residence including housework, laundry and cleaning
님	Maintain personal hygiene
닏	Pay bills and maintain checkbook
	Handle cash
H	Travel alone on public transportation
Ш	Initiate doctor appointments and follow through with visits
П	Medication management
ш	Can fill prescriptions as needed
	Knows names of medications and purpose
	Can accurately self medicate?
	Responds appropriately to emergency situations i.e. can dial 911
П	Is aware of and responds appropriately to personal and in home safety issues
Ħ	If assistance is necessary to perform the above activities is the appropriate level of assistance
_	being provided?
	YES NO explain
Recom	mendations
-	
<u> </u>	
Cogniti	ve assessment
\sqcup	Tests performed
	Folstein Mini Mental Health Status Exam

		Other
		Memory Short term
		Remote Orientation to time, place person Confusion Insight and judgment
	H	Y 11 11 1 61 1 1.5.1
	d	Are there physical impairments, which might contribute to cognitive deficits?
		 YES ☐ Impaired hearing ☐ Impaired vision ☐ Impaired ability to communicate ☐ Bedridden NO
		Decision making ability
		Simple Complex
		Complex Communication skills
		Verbal
		☐ Written
		Comprehension
		Knowledge of financial affairs
		Name and location of bank(s)
		Nature and amount of assets Source and amount of income
	b. Reco	mmendations to improve the functional capacity of the alleged
B. Was		nsultation with the family physician as required by F.S. 744.331 (3)(a)? YES NO
C. Were		ease explain
		YES NO slease identify
D. Wer	e prior ps	ychological/social records or reports used?
	H	YES
	If yes, p	NO please identify
E. Othe	er parties	interviewed and their relationship to the alleged
G. Fact	ual evalua 1. <u>MAR</u>	
		a. Should right be removed? YES NO
		b. Describe the nature and extent of incapacity
		c. The factual basis for determining that this person lacks the capacity to exercise the right listed above is

OT.	
	a. Should right be removed?
	c. The factual basis for determining that this person lacks the capacity to exercise the right list above is
AV	a. Should the right be removed? YES NO b. Describe the nature and extent of incapacity
	c. The factual basis for determining that this person lacks the capacity to exercise the right liste above is
<u>ERS</u>	ONALLY APPLY FOR GOVERNMENT BENEFITS a. Should the right be removed? YES NO b. Describe the nature and extent of incapacity
	c. The factual basis for determining that this individual lacks the capacity to exercise the right listed above is
n n	RAVEL
	a. Should the right be removed? YES NO b. Should the right be limited? Yes If yes, how should it be limited? Travel limited to within Pinellas County
	Travel permitted only with supervision of guardian
	Travel permitted only with supervision of guardian Other c. Describe the nature and extent of incapacity
	Travel permitted only with supervision of guardian
	☐ Travel permitted only with supervision of guardian ☐ Other ☐ Other ☐ C. Describe the nature and extent of incapacity ☐ d. The factual basis for determining that this individual lacks the capacity to exercise the right
2 C	☐ Travel permitted only with supervision of guardian ☐ Other ☐ Other ☐ C. Describe the nature and extent of incapacity ☐ d. The factual basis for determining that this individual lacks the capacity to exercise the right
<u>o s</u>	☐ Travel permitted only with supervision of guardian ☐ Other ☐ Other ☐ C. Describe the nature and extent of incapacity ☐ d. The factual basis for determining that this individual lacks the capacity to exercise the right listed above is ☐ EEK OR RETAIN EMPLOYMENT ☐ a. Should the right be removed? ☐ YES ☐ NO
<u>o s</u>	☐ Travel permitted only with supervision of guardian ☐ Other c. Describe the nature and extent of incapacity d. The factual basis for determining that this individual lacks the capacity to exercise the right listed above is EEK OR RETAIN EMPLOYMENT a. Should the right be removed? ☐ YES ☐ NO b. Describe the nature and extent of incapacity c. The factual basis for determining that this individual lacks the capacity to exercise the right

B. TO SUE AND DEFEND A LAWSUIT
a. Should right be removed? YES NO
b. Describe the nature and extent of incapacity
TO C + 11 1 C + 1 and the state in the third at the state of the state
c. The factual basis for determining that this individual lacks the capacity to exercise the right
listed above is
9. <u>TO MANAGE PROPERTY OR TO MAKE ANY GIFT OR DISPOSITION OF PROPERTY</u>
a. Should right be removed? YES NO
b. Describe the nature and extent of incapacity
c. The factual basis for determining that this individual lacks the capacity to exercise the above
right is
10. TO DETERMINE RESIDENCE
a. Should right be removed? YES NO
b. Describe the nature and extent of incapacity
o. Describe the nature and entent of mouphorty
c. The factual basis for determining that this individual lacks the capacity to exercise the above
The state of the s
right is
11 TO CONGENIT TO MEDICAL TREATMENT
11. TO CONSENT TO MEDICAL TREATMENT
a. Should right be removed? YES NO
b. Describe the nature and extent of incapacity
c. The factual basis for determining that this individual lacks the capacity to exercise the above
right is
12. TO MAKE DECISIONS ABOUT SOCIAL ENVIRONMENT OR OTHER SOCIAL ASPECTS OF
LIFE
a. Should right be removed? YES NO
b. Describe the nature and extent of incapacity
c. The factual basis for determining that this individual lacks the capacity to exercise the above
right is
The second of th
H. Other comments, observations and recommendations not included above:
11. Other comments, observations and reconfidendations not included above.
I. Danaman Jatiana Can in anna sina anna ita
I. Recommendations for increasing capacity
_
Based on the nature and extent of the individuals incapacity it is recommended that the individual
be re-evaluated by the Court in six months to determine if any rights can be restored at that time.

	It is my belief based on my examination of this individual and my review of the records that this individual is incapacitated.										
			of the guardiansh	ip is		Plenary		Limited			
	It is my belief based on my examination of this individual and my review of the records that this individual is not incapacitated in any respect as defined in <u>Florida Statutes</u> , Chapter 744.										
	Please a	attach as add	enda narrative re	ports by	Commi	ittee membe	r as appropriat	e.			
•			leclare that I have I pertinent inform		ned the	above indivi	dual and have	based my find	lings on that		
Done thi	is c	day of	,,								
	(Signati	,		_							
(Please p	print nan	ne and addre	ss)								
- 1/2				_							